



# Life Domain





**Demographic Information:**

Name:	Date of Birth:	Age:	Date of Assessment:
Address:	Phone Number:	Race/Ethnicity:	Marital Status:
Referral Contact: --	Referral Agency: --	Referral Phone Number: --	Referral Email: --
Emergency Contact:			

**Reason for Referral/ Presenting Problems:**

Client's reason:	--
Family's reason:	--
Referral's source:	--
Prior Child Welfare Involvement: Yes No If Yes Please Explain:	

**Education Level**

Name of School:	Grade Level or Highest Level of Education:
Special Education Services: Yes No If yes: IEP 504 Plan Speech Therapy Other: _ What is the client's classification (i.e. ED OHI, etc.):	Recent Academic Grades/GPA:

**Criminal History**

Current Legal Status:	No Legal Problems Pending Charges Probation House Arrest Incarceration DCS Court Other:
History:	No History of Legal Problems History of being on Probation History of being incarcerated Legal Problems related to Drugs and/or Alcohol use?

## HOUSING ASSESSMENT TEMPLATE

**About this tool:** The *Housing Assessment Template* is designed to collect information from clients regarding their past and current living situations in order to identify and address barriers to housing stability. Understanding a client's housing history is essential to the short- and long-term success of the housing search and placement process.

In the short-term, successful placements may depend on positive references from previous landlords as well as the client's ability to address housing history problems. For example, few landlords will rent to an individual with prior evictions unless a client can prove that he/she has addressed the problems that led to the evictions. In some instances, it may simply be a matter of teaching a client about his or her rights and responsibilities as a tenant or helping a client develop a plan to pay off debt and repair his or her credit history. In other instances, it will require more intensive and ongoing services and support. In other words, a housing advocate must understand a client's history in order to prevent history from repeating itself. The *Housing Assessment Template* provides the basis for gathering the information a housing advocate needs to assist a client. Based on the information gathered during intake and assessment, a housing advocate should then work closely with a client to develop a service plan that addresses the client's barriers.

As most housing advocates know, however, getting clients into housing is only half of the battle. The long-term success of housing placement depends on placing clients in appropriate housing and providing them with adequate support so that they can maintain their housing. As a result, the *Housing Assessment Template* also allows housing advocates to gather information on client needs and preferences in order to make the most appropriate placements possible.

**User Tips:** This form is not designed to be a comprehensive intake form; for example, it does not include questions related to health, mental health, or substance abuse. It is assumed that clients go through an extensive intake and assessment process at some other point. It is possible that much of this information will have been collected as part of the original intake process. Housing advocates can use this form to guide their discussion with clients to ensure that they fully understand a client's barriers and need for services. **NOTE:** This form is just a sample of the type of information a housing advocate may want to discuss with clients. Programs should modify this form to gather any specific data required by their local Homeless Management Information System.

Client Name: \_\_\_\_\_

## Housing History and Current Arrangement

Client Name: \_\_\_\_\_ Intake Date: \_\_\_\_\_

Client Case Number: \_\_\_\_\_ Client Date of Birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
(Month) (Day) (Year)

Housing Advocate: \_\_\_\_\_

Case Manager (if different from Housing Advocate): \_\_\_\_\_

Case Manager Phone Number: \_\_\_\_\_

Is client now, or has client ever worked with a housing search agency?  Yes  No

If yes, which one(s) and when? \_\_\_\_\_

Contact Person: \_\_\_\_\_ Phone: \_\_\_\_\_

Please describe your current housing arrangement: \_\_\_\_\_

### Part 1. Housing Barriers

**Barriers to Housing** (*Review the list of barriers with the client and use this information to guide the rest of the discussion.*)

- No rental history
- Eviction(s) \_\_\_\_\_
- Large family (3+ children)
- Single parent household
- Head of household under 18
- Sporadic employment history
- No high school diploma/GED
- Insufficient/no income
- Insufficient savings
- No or poor credit history
- Debts
- Repeated or chronic homelessness
- Recent history of substance abuse or actively using drugs or alcohol
- Recent criminal history
- Adult or child with mild to severe behavioral problems
- History of abuse and/or battery but abuser not in the unit
- Recent or current abuse and/or battering (client fleeing abuser)

## Part 2. Housing History

What types of housing has client previously lived in? Check all that apply, and include dates of residence and reason for leaving:

Type of Residence	Dates of Residence	Reason for Leaving
<input type="checkbox"/> Emergency shelter		
<input type="checkbox"/> Transitional housing for homeless persons		
<input type="checkbox"/> Permanent housing for formerly homeless persons		
<input type="checkbox"/> Psychiatric hospital or facility		
<input type="checkbox"/> Substance abuse treatment facility or detox center		
<input type="checkbox"/> Hospital (non-psychiatric)		
<input type="checkbox"/> Jail, prison or juvenile detention facility		
<input type="checkbox"/> Room, apartment, or house that you rent		
<input type="checkbox"/> Apartment or house that you own		
<input type="checkbox"/> Staying or living in a family member's room, apartment, or house		
<input type="checkbox"/> Staying or living in a friend's room, apartment, or house		
<input type="checkbox"/> Hotel or motel paid for without emergency shelter voucher		
<input type="checkbox"/> Foster care home or foster care group home		
<input type="checkbox"/> Place not meant for habitation		

Client Name: \_\_\_\_\_

**Private Housing History** (Review following information with client, as applicable.)

1. Type of housing: Private Subsidized      Dates of Residence: \_\_\_\_\_

If subsidized:  Public Housing     Section 8 Voucher     Other: \_\_\_\_\_

Name of Housing Authority: \_\_\_\_\_

Rent: \$ \_\_\_\_\_      Who paid rent: \_\_\_\_\_

Was client listed on the lease? Yes    No     Don't Know

Reason for leaving: \_\_\_\_\_

Landlord or Housing Authority Contact: \_\_\_\_\_

Address: \_\_\_\_\_      Phone: \_\_\_\_\_

\_\_\_\_\_

2. Type of housing: Private Subsidized      Dates of Residence: \_\_\_\_\_

If subsidized:  Public Housing     Section 8 Voucher     Other: \_\_\_\_\_

Name of Housing Authority: \_\_\_\_\_

Rent: \$ \_\_\_\_\_      Who paid rent: \_\_\_\_\_

Was client listed on the lease? Yes    No     Don't Know

Reason for leaving: \_\_\_\_\_

Landlord or Housing Authority Contact: \_\_\_\_\_

Address: \_\_\_\_\_      Phone: \_\_\_\_\_

\_\_\_\_\_

3. Type of housing: Private Subsidized      Dates of Residence: \_\_\_\_\_

If subsidized:  Public Housing     Section 8 Voucher     Other: \_\_\_\_\_

Name of Housing Authority: \_\_\_\_\_

Rent: \$ \_\_\_\_\_      Who paid rent: \_\_\_\_\_

Was client listed on the lease? Yes    No     Don't Know

Reason for leaving: \_\_\_\_\_

Landlord or Housing Authority Contact: \_\_\_\_\_

Address: \_\_\_\_\_      Phone: \_\_\_\_\_

\_\_\_\_\_

Client Name: \_\_\_\_\_

## Part 4. Housing Needs and Preferences

Number of adults in households \_\_\_\_\_

Number of children in households \_\_\_\_\_

Location, in order of preference:

(1) \_\_\_\_\_

(2) \_\_\_\_\_

(3) \_\_\_\_\_

(4) \_\_\_\_\_

(5) \_\_\_\_\_

Preferred size:

Studio

One bedroom

Two bedroom

Three bedroom

Other \_\_\_\_\_

Special Needs:

Close to public transportation

Close to childcare

Close to \_\_\_\_\_ school

Close to \_\_\_\_\_ clinic/medical facility/treatment facility

One level unit

Yard or nearby park

Other: \_\_\_\_\_

**Part 3. Financial Status**

**Source of Non-Cash Benefit**

Do you participate in any of the following programs? (*Check all that apply.*)

- Food stamps or money for food on a benefits card
- MEDICAID health insurance program
- MEDICARE health insurance program
- State Children’s Health Insurance Program
- Special Supplemental Nutrition Program for Women, Infants, and Children (WIC)
- Veteran’s Administration (VA) Medical Services
- TANF Child Care services
  
- TANF transportation services
- Other TANF-funded services
- Section 8, public housing, or other rental assistance
- Other sources \_\_\_\_\_

What type of credit history do you have?

- Good       Bad       No Credit History       Don’t Know

Assets:

Do you have a bank account?       No       Yes

Checking \$ \_\_\_\_\_     Savings \$ \_\_\_\_\_     Other \$ \_\_\_\_\_

Do you have any assets (car, property, CD, IRA)?       No       Yes

Details: \_\_\_\_\_

<b>Monthly Income</b>	<b>Gross Income</b>	<b>Net Income</b>	<b>Spouse Gross</b>	<b>Spouse Net</b>
Employer Income				
Part time Income				
Retirement/Pension				
Child support/alimony				
Social Security				
Disability				
VA Benefits				
Rental Income				
Food Stamps				
Support from family/friends				
Other Income				
Other Income				
<b>Total Monthly Income</b>				

<b>Assets &amp; Liabilities</b>	<b>Present Value</b>	<b>Amount Owed</b>	<b>Monthly Payment</b>
Home Mortgage			
2 <sup>nd</sup> Mortgage			
Other Mortgage/HELOC			
Vehicle Payment #1			
Vehicle Payment #2			
Property/Land			
401K Loan			
Other Payments (vessel, RV, additional vehicles, timeshare)			
<b>Total Assets/Liabilities</b>			

<b>Investments</b>	<b>Cash Value</b>	<b>Monthly Contributions</b>	<b>Proposed Contribution</b>
401K, Thrift Saving			
Saving Accounts			
Money Market, IRA, CD			
Stocks, Bonds			
Cash Value Life Insurance			
Other Investments			
<b>Total Investments</b>			

***Don't forget to include payroll deducted 401K/thrift saving contributions!***

## MONTHLY EXPENSES

<b>HOUSING</b>	<b>Current</b>	<b>Proposed</b>	<b>Miscellaneous</b>	<b>Current</b>	<b>Proposed</b>
Mortgage/Rent			Fed Repayment		
2 <sup>nd</sup> Mort/HELOC			State Repayment		
Mortgage/Renters Insurance			Student Loans		
Property Taxes			Union Dues		
Condo/HOA Fees			Child Support/Alimony		
Home Maintenance			<b>PERSONAL</b>		
Lawn/Pool/Security			Beauty/Barber		
Electric/Gas			Clothing/Jewelry		
Water/Sewer			Mani/Pedi		
Cable			Dry Cleaning		
Internet			ENTERTAINMENT		
Landline			Movies/Concerts		
Cell Phone			Subscriptions		
<b>FOOD</b>			Music		
Groceries			Sports/Hobbies/Memberships		
Food at work			Vacations/Travel		
Eating Out			<b>MISCELLANEOUS</b>		
Cigarettes/Alcohol			Child Care		
<b>MEDICAL</b>			Tuition/Lessons		
Doctor/Chiropractor			Pet Care		
Optometrist/Lenses			Storage Rental		
Dentist/Orthodontist			Bank Fees		
Prescriptions			Postage		
Health/Dental/Vision Insurance			Birthdays, Christmas Gifts		
Life/Disability Insurance			Charity/Religious		
<b>TRANSPORTATION</b>			Other		
Vehicle Payment #1			Other		
Vehicle Payment #2			Other		
Auto Insurance			Other		
Gas/Oil Change			Other		
Maintenance/Repairs			<b>SAVINGS</b>		
Registration/Tags			Emergency Fund		



Client Name: \_\_\_\_\_

**Employment History & Current Status**

Are you currently employed?       No       Yes

*(If yes, ask the following questions):*

How many hours did you work last week? \_\_\_\_\_ hours

Was this permanent, part-time, temporary, or seasonal work?

Permanent     Part-time     Temporary     Seasonal

Current Employer Name: \_\_\_\_\_ Position: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Previous employment (type and duration):  
\_\_\_\_\_  
\_\_\_\_\_

*(If client reports that he/she is not working, ask the following):*

Are you currently looking for work?  No       Yes

Are you currently unable to work?  No       Yes

**Identification/Paperwork**

Currently possesses:

Social Security Card       No       Yes       Needs to Obtain

Birth certificate       No       Yes       Needs to Obtain

State ID       No       Yes       Needs to Obtain

Green Card/Work Permit       No       Yes       Needs to Obtain